



PLEASE SUBMIT TO FAX ++49 40 42878 2200

HICL 2006 REGISTRATION FORM

Title:	
Last Name:	
First Name:	
Institute/Company:	
Department:	
Street/P.O. Box:	
Postal Code:	
Country:	
Phone:	
Fax:	
e-Mail:	
URL:	
I want to submit an extra billing adress:	
Regular Fee (Early Bird) 360,-- €	<input type="checkbox"/>
Reduced Fee (Early Bird) 170,-- €	<input type="checkbox"/>
Regular Fee (after July 7, 2006) 390,-- €	<input type="checkbox"/>
Reduced Fee (after July 7, 2006) 190,-- €	<input type="checkbox"/>
Additional Information:	
I have read the terms and conditions and agree to them. <input type="checkbox"/>	

DATE AND SIGNATURE: _____